

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027713

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 287

FILED JUL 18 1963

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Will	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City		c. CITY OR TOWN Plainfield	
Length of stay in 1b 28 hours		Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Community Hosp		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DAVID Middle RICHARDS Last MUNROE			4. DATE OF DEATH Month July Day 12th Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/11/63	9. AGE (last birthday) Months 1 Days 1 Hours 28 Min. 0	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY Infant		
11. BIRTHPLACE (City and state or country) Jefferson City, Mo.			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Lynn Munroe		
14. NAME OF HUSBAND OR WIFE Never married			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. None			17. INFORMANT Lynn Munroe Plainfield, Illinois		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pending autopsy report DUE TO (b) Emmaturity DUE TO (c) Since birth		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:40 a.m. 0 p.m. 0		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Jefferson City, Mo.		20g. COUNTY Jefferson		20h. STATE Missouri	
21. I attended the deceased from July 12, 1963 to July 13, 1963 and last saw him alive on July 13, 1963 Death occurred at 2:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John D. Bennett, M.D.		22b. ADDRESS Jefferson City, Mo.		22c. DATE SIGNED 7-15-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 16 1963		23c. NAME OF CEMETERY OR CREMATORY Longview Cemetery	
23d. LOCATION (City, town, or county) Jefferson City, Missouri		23e. DATE RECD. BY LOCAL REG. 16 July 1963		23f. REGISTRAR'S SIGNATURE Thomas E. Richter	
24. FUNERAL DIRECTOR Freeman Mortuary Jefferson City Mo					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED
10269	
28120	
3	
4 0	
5 0	
6	
7 0	
8 1	
9 776X	
10	
11	
12 3-0	
13 2-0	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 5042

P. O. Address 5146 Capital

J. C. No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.